

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10587421

FILING DATE

23 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2		X				
3		X				
4		X				
5		X				
6		X				
7		X				
8		X				
9	X					
10		X				
11		X				
12		X				
13		X				
14		X				
15			/			
16				/		
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	14	←	12	←		←
TOTAL CLAIMS	16		14			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						